

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KX	70591	10/19
O.I.P.E. CLASSIFIER		48	10/21/99
FORMALITY REVIEW	CM	71632	10/29/99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	2/01
2	2/01
3	2/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY